



Attorney Docket No.: 6226.210-US


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Please charge the required fee, estimated to be \$110.00, to Novo Nordisk of North America, Inc. Deposit Account No. 14-1447. Please credit any overpayment to Deposit Account No. 14-1447. A duplicate of this sheet is enclosed.

Respectfully submitted,

Date: May 3, 2004

  
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Use the following customer number for all correspondence regarding this application.

**23650**

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